WISCONSIN

DEPARTMENT OF WORKFORCE DEVELOPMENT
Division of Economic Support
Bureau of Work Support Programs

TO: **Economic Support Supervisors**
Economic Support Lead Workers
Training Staff
Child Care Coordinators
W-2 Agencies

FROM: Stephen M. Dow
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BWSP OPERATIONS MEMO
No.: 00-96
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1115
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Non W-2 [X] W-2 [ ] CC [ ]
PRIORITY: High

SUBJECT: **FAMILY MEDICAID/BADGERCARE APPLICATION (DES-12277)**

CROSS REFERENCE: BadgerCare Application Supplement DES-11630
Application and Review Form for Medical Assistance Healthy Start
for Pregnant Women and Children DES-2272
Operations Memos 99-28 & 99-47

EFFECTIVE DATE: 01/01/2001

PURPOSE

This memo announces a new, shortened application form for Family Medicaid/BadgerCare application (DES-12277) that replaces the Healthy Start application (DES-2272) now in use. DES-2272 was also used with the BadgerCare Application Supplement form (DES-11630) for families who only wanted Medicaid and BadgerCare for themselves and/or their children.

BACKGROUND

The primary users of the old Healthy Start Application form have been the Federally Qualified Health Centers (FQHCs), which include tribal health clinics, and Disproportionate Share Hospitals (DSHs). The new shortened Family Medicaid/BadgerCare application form will now be used for Medicaid/BadgerCare applications from these providers.

While the primary groups to receive these applications are the FQHCs and DSHs, a limited supply of these forms (with instructions) will be sent to local agencies. Local agencies can use these to back up the CARES system and for other situations where a paper application form is necessary and the family has indicated a desire for Medicaid and BadgerCare only.

OLD PROCEDURE

Starting in July, 1999, some health care clinics and hospitals were authorized to expand the scope of their work from assisting with the preparation of Healthy Start applications for processing at local ES agencies to assisting with the preparation of all family Medicaid applications, including Healthy Start, AFDC Medicaid, and BadgerCare.

The clinics and hospitals working with families are the FQHCs and DSHs throughout the state. The applications initially used were Healthy Start applications and the BadgerCare supplement form. Instructions for this activity were contained in Operations Memo 99-28.

NEW PROCEDURE

It was understood that a simple, easy to use Family Medicaid/BadgerCare application would replace the application forms initially used. We are now introducing this application with instructions on the cover.

Follow the same procedures as outlined in the ES Agency Process section of Operations Memo 99-28 with these exceptions:

1. This application replaces the Healthy Start application and the BadgerCare supplement form that was used to collect the additional information from the family needed to determine BadgerCare eligibility. The procedures in place with the Healthy Start application process apply with this form.

    NOTE: The BadgerCare supplement form is still necessary when taking a paper application from an individual or family that is interested in applying for BadgerCare and is using any of the other application forms (e.g., Food Stamps/Medicaid, Common Application Form)

2. This is a Family Medicaid/BadgerCare application form. Old age, blind, and disabled Medicaid applications cannot be completed with this form.

3. Food Stamps, Child Care, and W-2 applications cannot be completed with this process.

4. In addition to assisting the applicant with the completion of the application, the provider is instructed to give the applicant a brochure outlining services available at the local social service agency.

5. As with Healthy Start applications, the signature of the applicant does not need to be witnessed by the local agency. The information provider signs the form.

6. All current verification procedures apply. DHFS and DWD are working with some agencies to implement pilot projects that will test the appropriateness of streamlining verification requirements for Medicaid.

7. Families interested in backdating will need to provide additional information at the local agency.

CARES

To expedite application processing with this new format, use the following process modifications for various case situations.

If "Yes" is checked for "Are you interested in receiving help paying for health care for any of the past three months?" contact the client to determine if they are interested in backdating their Medicaid eligibility. (Remember, BadgerCare does not allow backdating eligibility before the month of application). If the customer indicates interest, get the appropriate information regarding income, assets, and medical bills for the previous 3 months, including verification. Once this application form is completed, the information provider does not have to come into the agency for a face-to-face interview.

1. If "Yes" is checked for "Is there anyone blind or disabled in your household?" and that individual is determined ineligible on this application, contact the client to set up a face-to-face interview.

2. Since there are no longer any questions regarding residency in Wisconsin, if the person has a Wisconsin address, enter a "Y" to "Last 60 days?"

    If the individual indicates an address outside of Wisconsin, contact the information provider to determine if they are living in Wisconsin and intend to continue to reside in Wisconsin.

3. On ANSE, the highest level of education completed can be entered as "XKG" (or "000" if the individual is not yet old enough to have completed kindergarten). Make a note in the case comments that this information was not provided and may need to be provided if the group applies for any other assistance.

CONTACT

DES CARES Information & Problem Resolution Center

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Note: Email contacts are preferred. Thank you.

DHFS/DHCF/BHCE/SJ